

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 831528

1. Entity Name
CUTLER REPAVING, INC.



Principal Place of Business
**921 E. 27TH ST.
LAWRENCE, KS 66046 US**

Mailing Address
**921 E. 27TH ST.
LAWRENCE, KS 66046 US**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2580340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VESKERNA, CHARLES R. 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUTLER, DOUGLAS E 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COFFMAN, JUDITH K 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RATHBUN, JOHN R. 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILES, JOHN 921 E 27TH ST. LAWRENCE, KS 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000526745
05/04/06-80087-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 785-843-1524
Date Daytime Phone #